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NP's Perception of Preparedness and Self-Efficacy between Novice NPs that Participated in a Post Graduate Training Program and Those that Did Not

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Submitted as Partial Fulfillment for the Doctor of Nursing Practice Degree

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Measurement of NP's Level of Preparedness and Self-Efficacy with and without Post Graduate Training

Executive Summary

Problem. Novice nurse practitioners have expressed a lack of support and level of preparedness during their first years of practice.

PICO. Will novice nurse practitioners that participated in a post-graduate fellowship program report a greater sense of self-efficacy and preparedness to practice as a novice NP than those that did not participate in a post-graduate training program?

Purpose. To examine the level of preparedness and self-efficacy of novice nurse practitioners.

Goal. To show the difference in self-efficacy and level of preparedness of NPs who participate in post-graduate training when compared to those who did not.

Objective. The objective for this project was to analyze survey results for differences in perceptions of self- efficacy and preparedness to practice as a novice NP between those who participated in a nurse practitioner training program immediately after graduation and those NPs that did not participate in similar programs.

Plan. Distribute and analyze a survey to explore differences in self-reported SE and level of preparedness between NPs that had post-graduate training and those NPs that did not.

Outcome and Results. NPs that participated in a post-graduate training program had a stronger belief that they had the skills to practice as NPs than those who did not participate in a post-graduate training program as measured by NP preparedness survey.

Acknowledgements

I would especially like to thank my family. My parents for their love, support, and encouragement. My husband for his love, support, encouragement and taking on additional roles with the children. To my beautiful children, Monisha, Jahman, Prince-Ephraim (E.J.), Clinton-Josiah, Jayden-Anthony, Jordan-Barack, and J'Nayia-Renee; you are my inspiration! Thank you for understanding the time I had to devote to this project. I appreciate your support and love.

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Problem

Background

A critical shortage of care providers was predicted to become a crisis in the near future (Barnes, 2015; Heiser, 2019; Mounayar, et al., 2020). While Nurse Practitioners (NPs) may be one solution to avoid this crisis, employment turnover rates for NPs have been twice those of physicians (Barnes, 2015). This may be due, at least partially, because the role transition from often an expert registered nurse (RN) to the novice NP advanced practice role can be challenging and stressful. Research found many novice NPs did not feel prepared to independently care for clients. This perception all too often lead to frustration, job dissatisfaction and higher turnover rates resulting in increased cost for orientation of new NPs and burnout for their mentors (Barnes, 2015; Flinter & Thies, 2017; Simone, et. al, 2016).

Yet, when RNs met the qualifications to be licensed as NPs, most were expected to practice at the full scope of their license with as little as two to eight weeks of on-the-job training or with no additional hands-on training at all (Dillon, et al., 2016; Twine, 2017; Zapatka, et al, 2014). This led to NP's expressing lack of support and opportunities for learning as obstacles for a smooth transition to advanced practice (Franz 2019; Le, 2016; Morgan & Edmonds, 2017). Low self-confidence, fear of failure and NPs leaving the profession within 18 months of practice were highly correlated with NPs that were not supported for at least six months to a year following graduation (Franz, 2016; Morgan & Edmonds 2017; Flinter, 2017).

Further research explored if formal training programs with mentored additional hands-on experience could provide novice NPs with a smoother transition into practice (Bahouth & Esposito-Herr, 2009; Flinter, 2005; Flinter, 2010; Hart & Macnee, 2007). Results of these studies

contributed to the Institute of Medicine's recommendations for post graduate NP residency programs citing this would result in a smooth transition into practice (Barnes, 2015; Brown, et al, 2015; IOM, 2010). In 2017, the Affordable Care Act (ACA) was amended calling for one-year post graduate NP training because there was continuing evidence a formal program provided novice NPs with competence, confidence, increased self-efficacy and guidance for a smooth transition into practice (Barnes, 2015; Donaworth, 2017; Flinter & Hart, 2017; Norwick,2016; Painter, 2019; Rugen, et al, 2017; Schofield & Comiskey, 2015; Thompson, 2019).

PICO Question

Will novice nurse practitioners that participated in a post-graduate fellowship program report a greater sense of self-efficacy and preparedness to practice as a novice NP than those that did not participate in a post-graduate fellowship program?

PICO Statements

Population. Nurse practitioners who have graduated from nurse practitioner school between the years of 2014-2020.

Intervention. The intervention was not implemented during this study; rather, this study examined if the intervention of a nurse practitioner post graduate training program made a difference in self-efficacy and level of preparedness.

Comparison. Perceptions of self- efficacy and preparedness to practice as a novice NP between those that participated in a fellowship-program and those who did not participate in similar programs.

Outcome. NPs that participated in a post-graduate training program reported a stronger belief that they had skills to practice as NPs and greater level of preparedness to practice than those NPs that did participate in a post-graduate program as measured by NP preparedness survey. Although not statistically significant, these findings were clinically significant.

Project Significance, Scope, and Rationale

The NP's role continued to evolve and change as the complexity of health care evolved, patient populations became more and more multifaceted, and the health care landscape continued to change. The CARES Act of 2020 expanded the NPs scope of practice. It was estimated that NPs provide 20 percent of primary care in the United States, and with the shortage of primary care physicians, this number was expected to increase (Dumphy et al., 2019; MacKay et, al., 2017). Research found over 70 percent of NPs educated as primary care providers, reported their level of self-efficacy, confidence, and preparedness to practice was not only vital for their transition and success; but, also paramount for patient safety and health outcomes (Alencar et al., 2018; Hood et al., 2019; Painter et al., 2019) Novice NPs expressed a need for post-graduate training during their first year of practice (Twine, 2017; Morgan & Edmonds, 2017; Le, 2016).

Novice NPs that experienced a variety of education and advanced practice nursing experience post-graduation stated that this additional training provided a bridge for them to move from a novice to a more confident beginner practitioner (Dillion et al., 2016; Simone, et. al, 2016, Norwick, 2016; Faraz, 2019). They had more successful integration into practice than those that do not have this additional training and were more likely to stay in practice helping to decrease the expected crisis of too few primary care providers to meet health care needs soon

(Dillion et al., 2016; Simone, et. al, 2016, Norwick, 2016; Faraz, 2019). Faraz (2019) and Thompson (2019) added that fellowship programs that included such components as mentorships, additional educational and skills training increased the level of self-confidence and readiness to practice for participants in the programs.

Theoretical Foundation

Nursing Theories

Novice to Expert. Dr. Benner's Novice to expert theory (1984) was one of the theories used to guide this project (see Appendix A). Benner used Hubert Dryefuses skills acquisition model and applied it to nursing to develop her theory. Patricia Benner explained how in-depth knowledge in nursing occurred through stages from novice to expert and knowledge development occurred best with educators a step or two above the student in clinical practice (Benner, 1984; Benner et al., 2009; Sitzman & Eichelberger, 2011). She defined novice as from the time the person entered an NP degree program until he or she met the advanced beginner definition. The other levels are competent, proficient, and finally expert. Dr. Benner then defined knowledge, skills and attitudes (KSA) for each level of competency based on accreditation and professional organizational competency expectations for program outcomes such as the American Association of Colleges of Nursing Standards and Professional Nursing Guidelines AACN-CCNE (American Nurses Credentialing Center, 2015; American Association of Colleges of Nursing, 2021).

Guidance for post-graduate fellowship programs were and continued to be at the date of publication provided by American Nursing Credentialing Center (ANCC) through their Practice Transition Accreditation Program (PTAP) (American Nurses Credentialing Center, 2016) and

The National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC) (Flinter & Bamrick, 2017). Both PTAP and NNPRFTC provided step-by-step processes on how to develop a NP fellowship program. The PTAP program framework was based on Benner's Novice-to-Expert theory and the NNPRFTC program used the Dreyfus novice-to-expert scale to evaluate participants of the program and, in a similar format, for self-evaluation by the participants (ANCC, 2016; Flinter & Bamrick, 2017).

Transition Theory. Meleis (2000) explained learning environments that support critical thinking and synthesis of information facilitate role transition; however, personal and community conditions can either promote or inhibit the transition (Meleis, et al., 2000; Twine, 2018). Fellowship programs that were purposeful, supportive, and evidence-based provided an environment where novice NP could have a successful transition into practice (Dillon et al, 2016; Twine, 2018). Environments where the NP does not feel supported, or does not provide, not only adequate time to transition but also additional training makes it difficult for successful transitioning into the new role (Faraz, 2019; Painter, 2019; Nicely & Fairman 2015); This project examined the transition of NPs during their first years of practice (see Appendix A).

Social Cognitive Theory

Self-efficacy refers to an individual having the confidence to perform tasks necessary to reach or achieve their goal (see Appendix A). If the person believed he or she was capable of the behavior needed to accomplish the goal and wanted to accomplish the goal, motivation to reach the goal is enhanced (Bandura, 1997; Klassen & Klassen, 2018).

Literature Review

A literature review was conducted using EBSCOhost, ScienceDirect, google scholar, MEDLINE and CINAHL Complete. Key words in the search included, nurse practitioner residencies / fellowships, transition to practice, new nurse practitioner and post graduate nursing education; the search yielded 44,590 articles. The search was filtered to include full text scholar peer-reviewed journal articles, articles written within the last five years and by relevance which yielded 178 articles on google search and ten articles on EBSCOhost. Duplicate articles and articles not written on fellowships in America were excluded, this led to 22 articles.

Table 1

Level of Evidence

Level of Evidence	Description	Articles
Level 1	Systematic reviews / meta-analysis randomized controlled trials (RCT)	1
Level 2	Evidence from one or more RCTs	0
Level 3	Evidence from a controlled trail; no randomization	1
Level 4	Case control or cohort studies	7
Level 5	Systematic Reviews of descriptive / qualitative studies	8
Level 6	Single descriptive or qualitative study	1
Level 7	Opinions of authorities / experts	4

Common Themes

Need for additional training. There was a need for additional training and support to bridge NP graduates to move from novice to advanced beginner and provide safe care during the transition.

Need for support. Lack of support during this period impacted the level of self-confidence and development or transition into the role of advanced practice leading to frustration

and, at times, dropping out of the profession within the first 18 months of practice (Morgan & Edmonds, 2017; Twine, N. 2018; Zapatka, et al., 2014).

Self-Efficacy. The self-efficacy included the belief they, as newly graduated NPs, could practice independently and provide competent care for medically complex patients was increased for those that participated in postgraduate educational and mentoring programs (Asefeh, 2019; Flinter & Hart, 2017; MacKay,et, al, 2017).

Post-graduate training. Novice NPs would have participated in a post-graduate training program if they had the opportunity. Those that did participate in a post-graduate training reported positive role transition, higher levels of preparedness to practice, and belief (SE) they could successfully role transition (Donaworth, 2017; Dumphy, et al., 2018; MacKay,et, al, 2017; Rugen, et al., 2017; Thompson 2019).

Market Analysis

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Strengths. The strength of the study included permission to use a modified version of Dr. Hart's Nurse Practitioner Preparedness to Practice (see Appendix B) survey to assess the NP level of preparedness, which had established face validity. Access to organizations to email the survey, administrative support, and the DNP mentor were also strengths of the study.

Weaknesses. The timeline to complete the project (see Appendix C), the survey return rate was not able to be computed because number of surveys distributed was not available were weaknesses of the project. The DNP mentor retired from the position of the APRN fellowship director and VP of Education. Even though she was no longer on the grounds she was available via Zoom when that form of technology became the norm due to the pandemic.

Opportunities. Although this study was not generalized beyond the study population, the outcomes could provide more evidence of why post-graduate training is needed. The opportunity for future research, increased awareness and support of post-graduate training programs were opportunities for this project.

Threats. The survey was distributed via email during the COVID19 pandemic. Post-graduate programs were not required for NPs to enter practice which may have decreased the available study population.

Driving and Restraining Forces

Driving forces. The driving forces for the project were access to study population, donated resources, available tool with established face validity and the potential to generate additional study or research that could improve patient outcomes in the future.

Restraining forces. Restraining forces included the retirement of the study mentor, limited timeline for completion of the study, minimal recruitment opportunities and doing the study during a pandemic further limiting access to study population.

Needs, Resources and Sustainability

Having access to the study population and use of a validated survey tool met the needs and resources for the study. Identifying the positive impact post-graduate training programs had on NP role transition could increase the sustainability of programs and lead to future research.

Stakeholders and Project Team

Stakeholders for the project included Nurse Practitioners, The National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC), Practice Transition Accreditation Program (PTAP), AANP, ANCC and the project investigator. Patients, health care

delivery systems, nursing educators, and universities could also be stake holders. The project team included Regis Project Chair, a DNP mentor, APRN Fellowship Director and a project investigator.

Cost-Benefit Analysis

Table 2

Projected cost

ITEM	COST TO REPLICATE THIS PROJECT	COST FOR THE PROJECT
DNP Mentor	$105/ hr X 40 hrs = $4200	$0 (Donated)
ARNP Fellowship Director	$80/ hr X 10hrs. = $800	$0 (Donated)
Supplies (e.g. computer, copy paper)	$875	$0 (Donated)
Statistician	$53 / hr X 5 hrs. = $265	$0 (Donated)
Principle Investigator (time)	$58/ hr X 80 hrs= $4640	$0 (Donated)
COSTS	**PROJECTED TOTAL = $10,780**	**ACTUAL = $0**

The estimated project cost was $10,780; however, all time and supplies were donated, so the actual cost was zero dollars. The estimated cost included the time of the DNP mentor, APRN fellowship director, supplies, statistician, and principal investigator. Showing that post-graduate training for novice nurse practitioners could improve role transition from novice NP to competent provider, increase retention rate and have the potential for evidence-based safe practice immediately following completion of the post-graduate training. This could be a driving force for change.

Project Objectives

Mission and Vision. The mission of this project was to compare the difference in self-efficacy and self-preparedness to practice for NPs who participate in post-graduate training and

those who did not. The project vision was all novice NPs following graduation and certification will successfully transition to the new role of Advanced Practice Registered Nurse Practitioners confident and believing they are prepared to provide safe evidence-based care to the full extent of their licenses and training. In meeting the vision, although beyond the scope of this project, fellowships following licensure will continue to be explored to determine efficacy of requiring post-graduate training for all novice NPs. NPs will receive additional training following graduation and this will increase the number of APRs available to provide safe, evidence-based practice to the extent of their licenses and training.

Goal. The project goal was to show the difference in self-efficacy and level of preparedness of NPs who participated in post-graduate training when compared to those who did not. Although beyond the scope of this study, a secondary goal was to show the positive affect of post-graduate training for novice NPs and the impact on patient health outcomes.

Objective. The objective was to examine if NPs that participated in a post-graduate training program had a stronger belief that they have the skills and are prepared to participate as NPs than those who did not participate in a post-graduate training program as measured by NP preparedness survey.

Evaluation Plan

Population

The study population consisted of NPs that graduated between 2014 and 2020, were certified and licensed as NPs and practiced as NPs at least one year but no longer than five years following graduation. This final exclusion was to help avoid limited memory recall. Cross-

sectional studies showed linear deterioration in episodic memory performance occurred across the adult life span, beginning as early as in their 20s (Alenius, et al., 2019).

Setting

Since the survey was virtual and able to be opened using a smartphone, tablet or computer it could be completed in any setting the respondent chose from a clinical setting to their home. There was no time limit to complete the survey once a participant started the survey.

Methodology

This project was a quantitative forced-choice survey design using the Qualtrics® platform for survey distribution.

Survey. Dr. Hart's Cross- Sectional Descriptive New NP Preparedness for Practice Survey was modified after receiving permission from the author (see Appendix whatever for permission letter). The original survey was designed in 2004 to assess NPs perceived level of preparedness after completing their educational program. The survey was reviewed by an NP panel at the University of Wyoming and two identified APRN experts in education and research to establish face validity. It was piloted in September 2003 by 36 NPs at a regional NP conference in Cheyenne, Wyoming. Twenty-one NPs completed the pilot test. Revisions were made and finalized based on the pilot test results and after consultation with the University of Wyoming Research Center (Hart & McNee, 2007). This survey was administered three times with similar results validating internal consistency (personal communication 8.2.20).

Modified Survey Reliability and Validity. Reliability of the modified survey used for this study was computed as Cronbach's alpha 0.764. A Cronbach's alpha score that exceeds 0.070 designates sufficient internal reliability in most research settings (Morera & Stokes, 2016).

The estimated time to complete the modified survey (see Appendix D) was approximately 20 minutes.

Survey

Procedure. A letter was emailed to The National Nurse Practitioner Residency and Fellowship Training Consortium(NNPRFTC) and Practice Transition Accreditation Program (PTAP) which is part of the American Nurses Credentialing Centers (ANCC), America Association of Nurse Practitioners (AANP), Peak Vista Community Health Centers, Chi Eta Phi Sorority, Inc., Children's Hospital Colorado NNP fellows (who have graduated since 2016), The Colorado Council of Black Nurses Inc., Colorado Center for Nursing Excellence, and posted to several NP Facebook groups. NNPRFTC, PTAP and AANP organizations elected not to distribute the survey. The letter detailed inform consent and asked interested participants to click on the survey link if they agreed to participate in the survey.

Timeline. The survey link was active for 30 days. A reminder email was sent at week two and a Facebook reminder was posted at week two.

Protection of Human Rights

IRB application for exempt status was approved by the Regis University IRB (see Appendix E). All participants were provided a statement of informed consent (see Appendix F) and disclosure through the survey cover letter demonstrating average time to complete the survey and assurance that participation was voluntary. No name or other identifying information was attached to any survey to help assure all answers were anonymous, confidential, and unable to be associated with any individual. All raw data were stored in encrypted data bases within Qualtrics®. Only the principal investigator (PI) had access to the survey platform account. All

data downloaded for analysis was password protected and stored for a minimum of five years with access to the stored data password available only to the PI.

Study Variable Definitions

Nurse Practitioners. Subjects defined as NPs included Advanced Practice RNs (APRNs) that held an MSN or MS in nursing degree, a post master's certification in Advance Nursing Practice or a Doctor of Nursing Practice degree (DNP) and were certified and licensed as an NP or APRN.

Postgraduate training program. A residency or fellowship program defined as six months to one-year of post-graduate study designed for new graduates and included both didact, professional development and hands on training; accreditation was not a requirement.

Self-efficacy. The belief that a person can perform a skill or task as measured by a self-reported Likert scale.

Level of preparedness. How prepared the subject felt in providing evidence-based safe care immediately after graduation measured by a self-reported Likert scale.

Likert Scale. A five-point scale ranging from well prepared (5) to minimally prepared (4) to somewhat prepared (3) to unprepared (2) and (1) as an area not in my training program.

Demographics. Demographics included age reported as 26-30 years old, 31-35 and older than 35, gender, and the population area(s) of practice.

Power

The AANP (February 2020) estimated about 28,700 NPs that graduated from NP programs in the US in 2017-2018; using this number as the average a five-year span would give a total of 143,500 NPs. Based on that population size to achieve results with a confidence level

of 95 percent with a five percent margin of error, the Qualtrics® sample size calculator indicated a sample size of 384 respondents was needed to reach power and help avoid a Type two error. This study did not reach power.

Project Findings and Results

Data Analysis

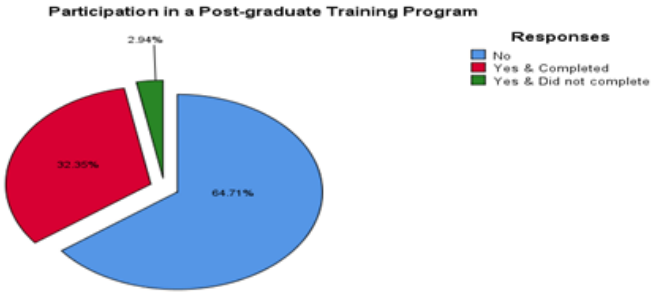
Data were analyzed using SPSS software under the guidance of a senior faculty with expertise in statistics.

Demographics

There was a total of 80 surveys submitted; however, 47 surveys were excluded. Five subjects were not licensed to practice as an NP in the United States, 17 had not provided care for patients as a licensed NPs in the United States for one year but not longer than five years, 19 did not complete the survey and one person did participate in a post-graduate training program but did not complete the program.

Figure 1

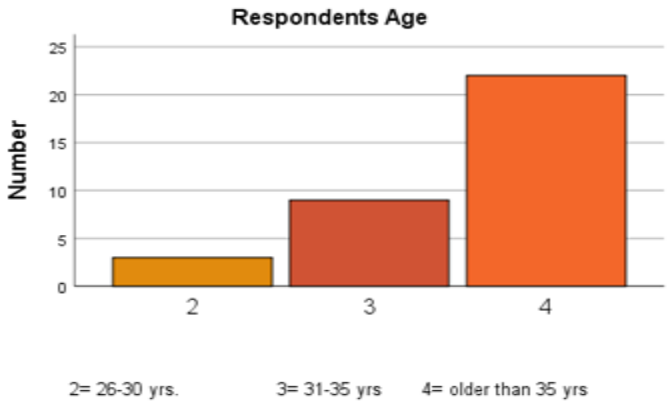
Participation in post-graduate training program



This left 34 usable surveys; however, 22 of the surveys were from participants that did not complete a post-graduate training while only 11 surveys were from those that did complete a post-graduate program. With twice as many respondents who did not participate in a post-graduate training program as those who did may have skewed the data results.

Figure 2

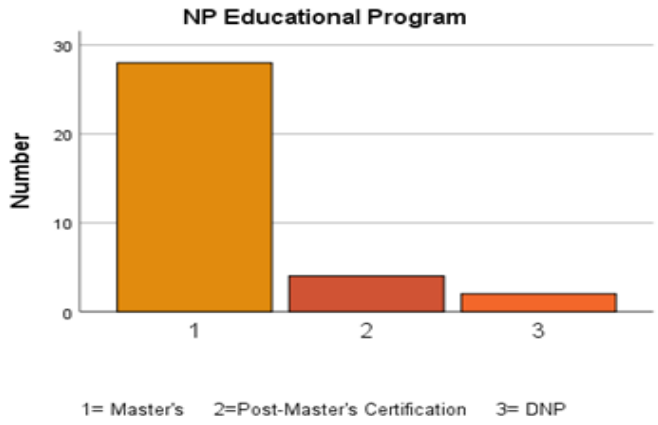
Participant's age



Respondents ranged from 26 years of age to 35 years of age in a collapsed format to help protect anonymity of participants. However, this made it difficult to analyze if age was a factor in participating in a post-graduate program or not as it could have correlated to how long an NP practiced as an RN prior to becoming an NP. The number of years of practice as an RN was not a question on the survey. This made it impossible to examine if the years of practice experience as an RN impacted a need for a post-graduate program to feel prepared to practice immediately after graduation as an APRN. There was a negative correlation between age and management of chronic conditions, management of mental health, management of complex health, collaboration and referral, and evidence-based practice. This may be due to 22 of the 33 respondents being grouped together in the greater than 35 years old category.

Figure 3

Educational program



Although confidence was not compared to program type, 82.4% (n=28) of the respondents has a master's degree, 11.8% (n=4) has a post-master certification and 5.9% (n=2) has a DNP degree.

Self-Efficacy and Preparedness to Practice

An independent T- test was used to analyze and compare the perception of self-efficacy and level of preparedness of NPs who participated in a post-graduate training program and those who did not. Although the p values were greater than 0.05 and therefore, not statistically significant, the means scores increased for those who participated in post-graduate training programs and so clinically significant.

Table 3

First year of practice

Question: Looking back on your first year of clinical practice as an NP please rate the following:	**Participation in Post-graduate Training**	**Mean**
12a. I was prepared for entry level practice	Did not participate in Post-graduate training	3.41

	Participated in Post-graduate Training	3.45
12b. I was provided adequate clinical support	Did not participate in Post-graduate training	3.64
	Participated in Post-graduate Training	4.09
12c. I felt prepared for the type and complexity of patients I saw	Did not participate in Post-graduate training	2.95
	Participated in Post-graduate Training	3.00
12d. I had access to consultation with other providers regarding diagnostic and treatment decisions	Did not participate in Post-graduate training	4.14
	Participated in Post-graduate Training	4.45
12e. I was confident that I was prepared for safe evidence-based practice	Did not participate in Post-graduate training	3.45
	Participated in Post-graduate Training	3.45

Question 12 asked respondents to look back on their first year of clinical practice as an NP and rate their self-efficacy using a Likert scale. Table 3 shows that although the mean scores were not statistically significant, they were clinically significant in that they moved in positive direction even without the study reaching power and twice as many respondents did not participate in post-graduate training. Note that the12e mean score remained the same. Question 12b and 12c addressed the transition into practice and level of support; those who participated in a post-graduate training program had higher mean scores reinforcing Melies Transition theory (Meleis, et al., 2000; Twine, 2018). Melies theory stated supportive learning environments facilitate role transition.

Table 4

Level of Preparedness after 1 year

Question: Upon completion of your first year of practice as a NP, how prepared were you in each	**Participation in Post-graduate Training**	**Mean**

of the following areas		
17a. Health Assessment	Did not participate in Post-graduate training	4.62
	Participated in Post-graduate Training	4.64
17b. Pathophysiology	Did not participate in Post-graduate training	4.00
	Participated in Post-graduate Training	3.91
17c. Pharmacology	Did not participate in Post-graduate training	4.14
	Participated in Post-graduate Training	4.45
17d. Differential Diagnosis	Did not participate in Post-graduate training	4.05
	Participated in Post-graduate Training	4.27
17e. Tx LGBTQIAPK	Did not participate in Post-graduate training	3.18
	Participated in Post-graduate Training	3.36
17f. Management of acute conditions	Did not participate in Post-graduate training	4.05
	Participated in Post-graduate Training	4.36
17g. Management of chronic conditions	Did not participate in Post-graduate training	4.05
	Participated in Post-graduate Training	4.36
17h. Management of mental health	Did not participate in Post-graduate training	3.50
	Participated in Post-graduate Training	3.91
17i. Management of multiple/ complex health concerns	Did not participate in Post-graduate training	3.73
	Participated in Post-graduate Training	3.09

Question 17 asked respondents NP to rate their level of preparedness after their first year of practice in various areas. When comparing NPs who did not participate in a post-graduate program to those who did question 17a-i, all means scores increased except for 17b, which

measured pathophysiology level of preparedness. Similar results were noted in question 18a-h, all means scores increased except 18b (addressed suturing) for those who participated in post-graduate training (see table in Appendix G). The study results are consistent with Dr. Hart's studies and the current research.

Resampled Data with Equal Number of Respondents

Figure 4

Level of preparedness- No post-graduate training

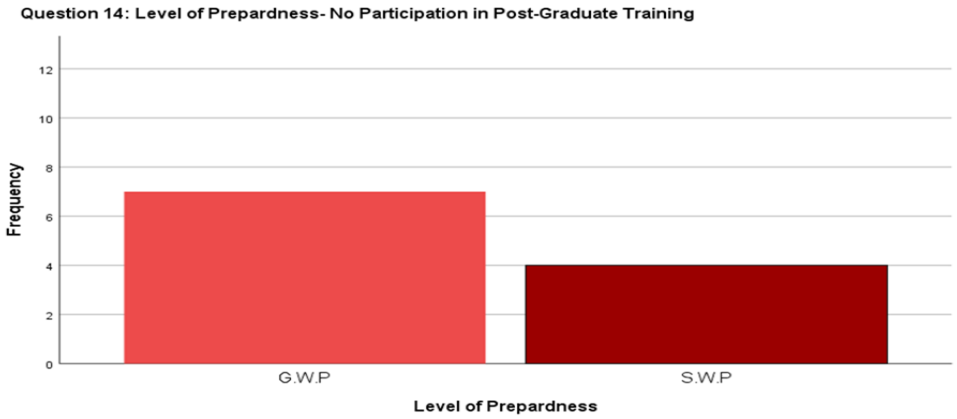
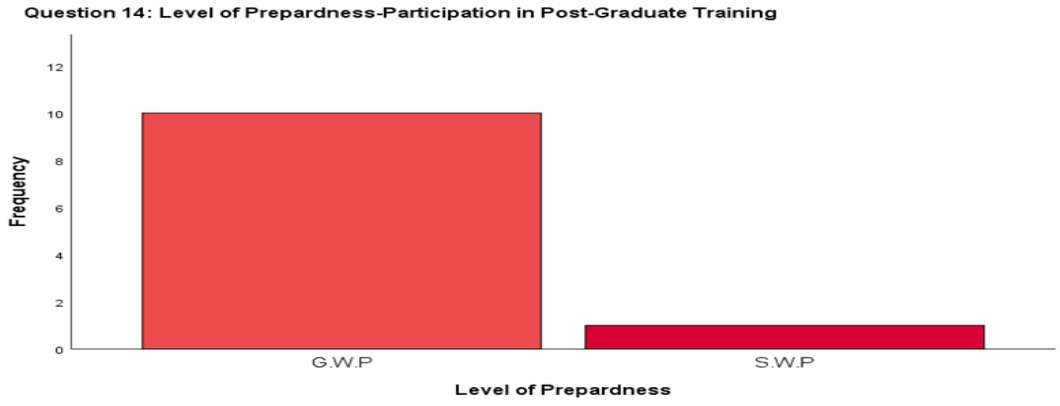


Figure 5

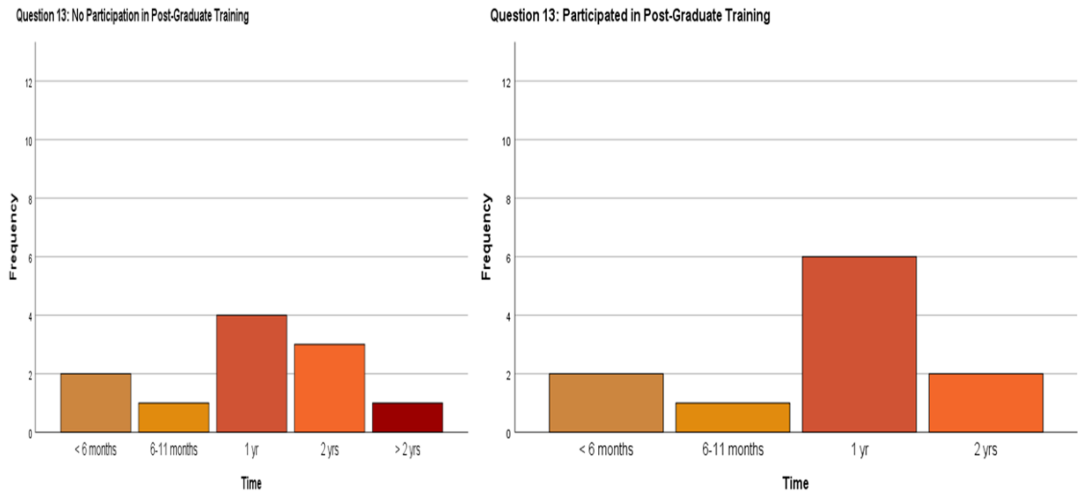
Level of prepardness – With post-graduate training



The data was analyzed using the first 11 respondents who did not participate in a program and the 11 respondents who did participate in a post-graduate training program. Question 14 assessed the respondents' level of preparedness to practice as an NP after their first year of practice. The respondents reported their level of preparedness using a Likert scale with the options very well prepared, generally well prepared, somewhat prepared, minimally prepared, and very unprepared (p= 0.02). Most participants (63.6 %, n=7) of those who did not participate in a post-graduate training program answered they were generally well prepared (GWP), 36.4% (n =4) answered somewhat well prepared. Those who participated in a post-graduate training program, 90.9% (n=10) answered GWP and 9.1% (n=1) answered SWP.

Figure 6

Self-report competence & self-efficacy



Using equal number of respondents who participated in a post-graduate program and those who did not participate in a post-graduate training, question 13 was analyzed. Question 13 asked how long it took the NP to feel competent in providing patient care as a novice NP. The

respondents' options were less than 6 months, 6 months to 11 months, one year, two years, more than two years, and more than three years. Those who participated in a post-graduate training program, a majority reported within one year or less they felt competent to provide safe, effective care. The post-graduate training programs was defined as six months to a year; therefore, the respondents felt competent to provide safe, effective care after the post-graduate training program. Some participants who did not participate in a post-graduate training program reported up to taking two years to feel competent to provide safe, effective care.

Limitations and Recommendations

Limitations

The number of respondents (n= 22, 63.6% of 33) that participated in post-graduate training was significantly higher than the number of respondents (n =11, 33.4% of 33) who did not attend post-graduate training, which may have skewed the data. When the data were evaluated using an equal number of respondents from each category (n=11), data showed a significant difference in mean scores for stronger belief that they had the skills and were prepared to practice than of those who did not participate in a post-graduate training program even without reaching power (see Appendix H).

The survey was emailed by a designated person in each organization, protecting respondent's identity; but this resulted in not being able to calculate the total number of surveys distributed or the percentage of the number of surveys returned. Distribution of the survey during the COVID19 pandemic, the inability to do a longitudinal study due to timeline restrictions were also limitations of the project.

Recommendations

Since the means scores suggested a positive impact of post-graduate training programs had on self- efficacy and level of preparedness, more research is needed with a larger population to meet power. It is also recommended that the impact of post-graduation training on patient outcomes be studied. Since the survey was a self- report tool and therefore highly subjective, it is recommended to design a more objective survey. Finally, study if the number of years in practice as an RN correlates with less need for post-graduate training for newly graduated NPs to feel prepared to practice.

Summary

The transition from RN to NP can be challenging as the RN may move from expert status to novice NP. Providing the NP with post-graduate training can assist with role transition. This study showed the positive impact on the novice NP self-efficacy and self-confidence when they participated in post-graduate training. Having the support and guidance during the first year of practice can not only improve the transition for the NP but may lead to improve health outcomes for the patient. More research is needed to show the positive impact of post graduate training and hopefully to start the discussion for mandated and financially supported post-graduate training programs.

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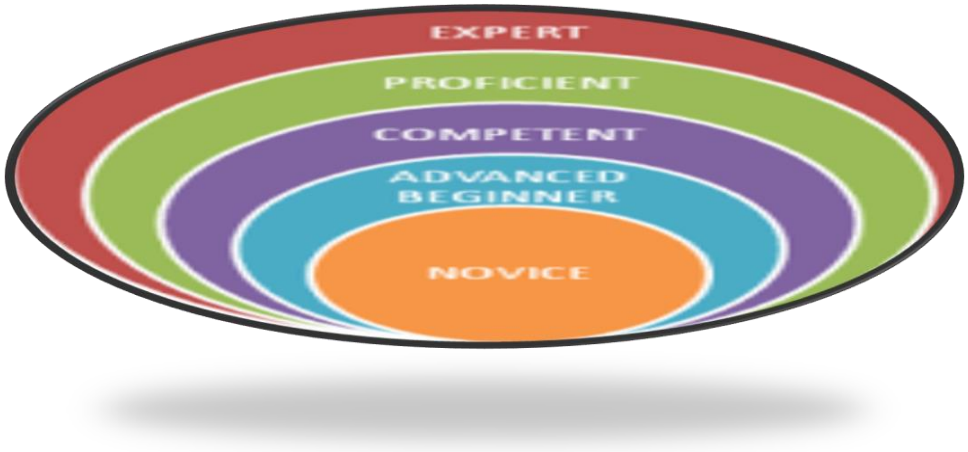
Appendix A

Conceptual Theories Diagrams

Dr. Benner's Novice to Expert



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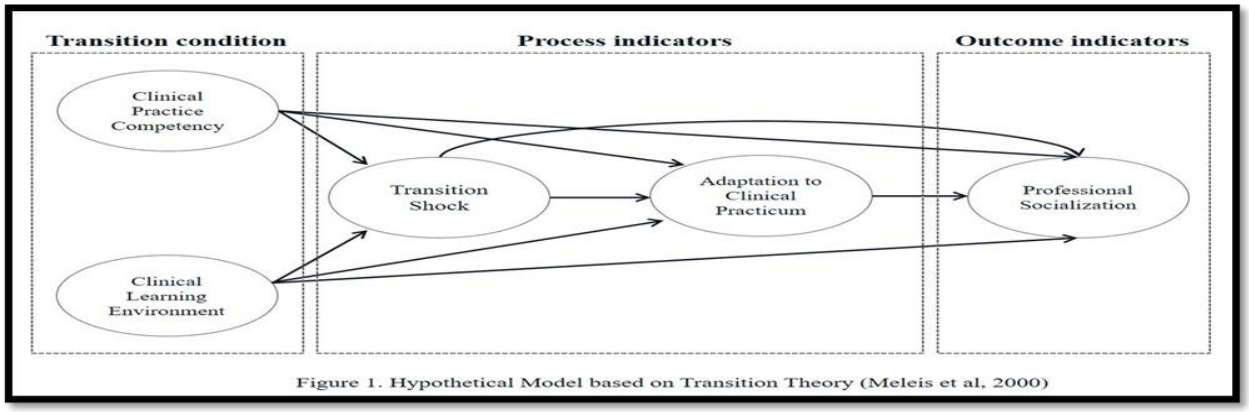
Meleis Transition Theory



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Bandura’s Self-efficacy theory

Retrieved February 20,2020 from https://image.shutterstock.com/image-illustration/self-efficacy-600w-667583227.jpg

Appendix B

Permission to use Dr. Hart's Survey

UNIVERSITY OF WYOMING

Fay W. Whitney School of Nursing, College of Health Sciences
351 Health Sciences Center. • Dept. 3065, 1000 E. University Ave., Laramie, WY 82071
(307) 766-4312 • fax (307) 766-4294 • e-mail: uwnursing@uwyo.edu • www.uwyo.edu/nursing

July 29, 2020

LaTasha Bruner-Hill

Dear LaTasha,

You are welcome to use and/or adapt Dr. Bowen's and my NP preparedness survey. Specifically, you may use/adapt the one administered in 2012 or the one that we administered in 2017/18. The results from the 2017/18 survey have not been published. - Despite our best efforts, we could not get a large national sample for the 2017/18 survey. However, I presented a poster* of some of the results last summer and have attached this here.

Of note, the survey has not been officially validated; however, since we've now administered it three times and gotten fairly similar results, this is validating in and of itself. The survey is not copyrighted or owned by the JNP, so if you can just simply acknowledge its origins ☺, that would be super!

Please let me know if you have any further questions. Also, I would love to receive the results of your study.

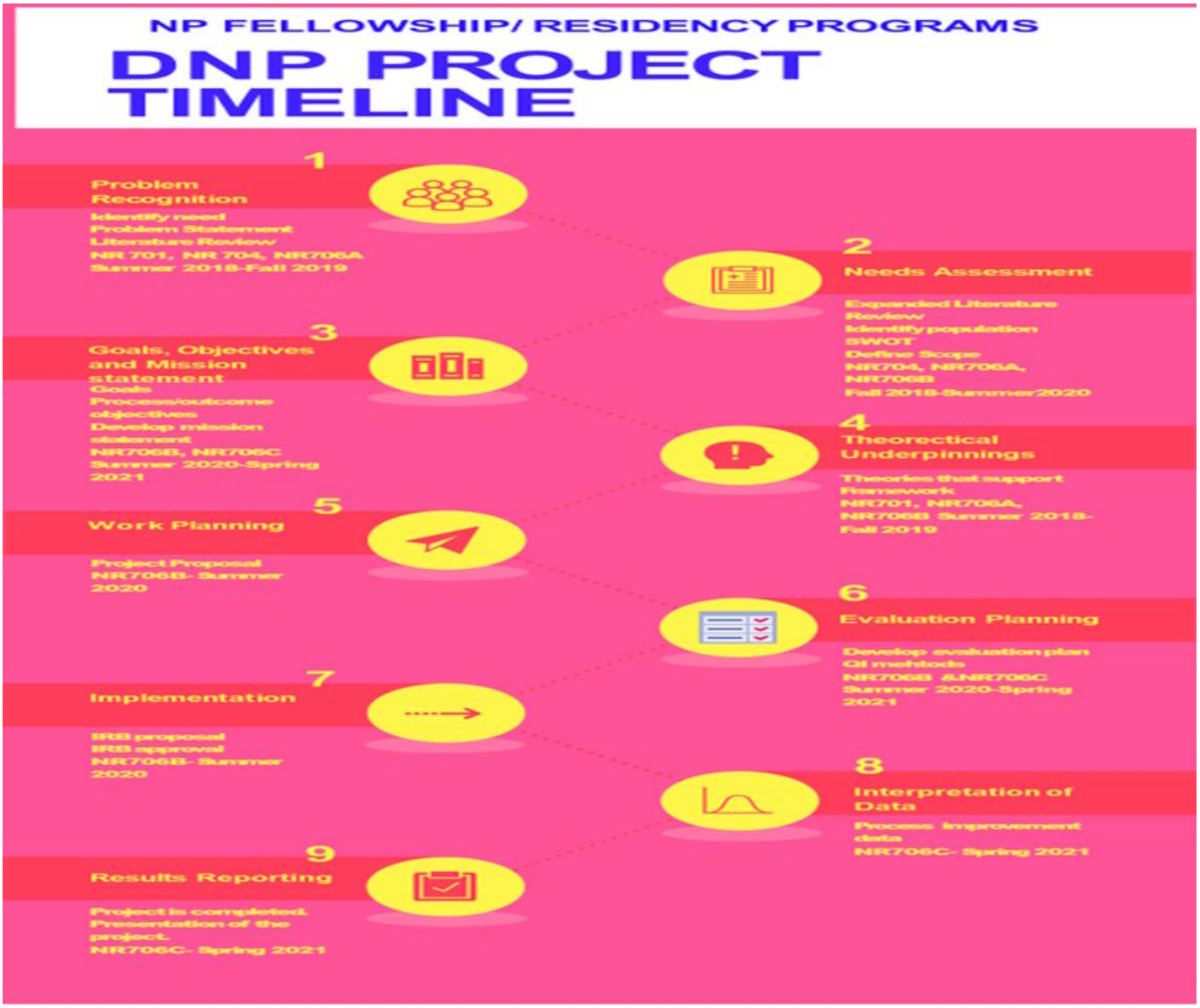
Sincerely,

Ann Marie Hart PhD, FNP-BC, FAANP
Professor and DNP Program Director
annmhart@uwyo.edu or 307.766.6564

*Hart, A.M, Bowen, A. & Harnisch, B. (2019, June 16-17). New graduate NPs' preparedness for and transition into practice: 2012-2016. Poster presented at the 2nd annual conference of the National Nurse Practitioner Residency & Fellowship Training Consortium in Indianapolis, IN.

Appendix C

DNP Project Timeline



Appendix D

Modified NP Prepardness Survey

NP Level of Preparedness and Self- Efficacy 2020

A residency or fellowship program is defined as six months to one-year post-graduate program wherein new graduates receive professional development and training necessary to become successful provider.

1.Did you apply to one or more post-graduate NP residency or fellowship program (s)?

o No

o Yes, and I completed the program

o Yes, but I did not complete the program

2.The residency or fellowship program you are currently enrolled in or have completed post graduation as an NP is or was how long?

o I am not currently in a residency program nor did I complete one previously.

o less than 6 months

o 7-11 months

o One year

o Other please specify

3. Was the post-graduate NP residency or fellowship program nationally accredited?

o NA, I am not nor have I completed a residency program

o No

o Yes

o I do not know

Demographics:

4. What is your gender?

o Male

o Female

o Prefer not to respond

5. How old are you?

o 20-25

o 26-30

o 31-35

o Older than 35

o Prefer not to respond

6. What is your race?

o African American/ non-Hispanic

o Asian/Pacific Islander

o Caucasian/non-Hispanic

o Hispanic/Latino

o Native American/Alaskan

o Prefer not to respond

7. Are you currently licensed to practice as an NP in the U.S.?

o Yes

o No **Thank you for your participation. This ends the survey for you. Please submit now.**

8. Have you provided care for patients as a licensed NP in the U.S. for one year but not longer

than five years?

o Yes

o No **Thank you for your participation. This ends the survey for you. Please submit now.**

9. When did you complete your initial NP education before 2013?

o Yes **Thank you for your participation. This ends the survey for you. Please submit now.**

o No

10. Which of the following best described your initial NP educational program?

o Master's program

o Post-master's certificate

o DNP program

o Post-doctoral certificate

o Other (please specify): _____

11. Please indicate the population area(s) in which you practice in **(check all that apply).**

o Adult-Gerontology Acute Care NP

o Adult-Gerontology Primary Care NP

o Family NP

o Pediatric Primary Care NP

o Pediatric Acute Care NP

o Psychiatric Mental Health NP

o Women's Health NP

o Neonatal NP

o Other (please indicate): _____

NP Prepardness and Self-Efficacy

12. Looking back on your **first year** of clinical practice as an NP please rate the following:

I was prepared for entry level practice

o Strongly disagree o Disagree o Neutral o Agree o Strongly agree

I was provided with adequate clinical support in my first year of practice

o Strongly disagree o Disagree o Neutral o Agree o Strongly agree

I felt prepared for the type and complexity of patients I saw

o Strongly disagree o Disagree o Neutral o Agree o Strongly agree

I had access to consultation with other providers regarding diagnostic and treatment decisions

o Strongly disagree o Disagree o Neutral o Agree o Strongly agree

I was confident that I was prepared for safe evidence-based practice

o Strongly disagree o Disagree o Neutral o Agree o Strongly agree

13. After starting practice as a novice NP, how long did it take you to feel competent to provide patient care as a novice NP?

o Less than 6 months

o 6 months to 11 months

o One year

o Two years

o More than two years

o More than Three years

14. After your **first year** of practice, how would you rate your level of preparedness practice as

an NP?

o Very unprepared

o Minimally prepared

o Somewhat prepared

o Generally well prepared

o Very well prepared

15. A mentor is defined as an experienced provider who provides teaching, gives advice and guidance. Which of the following best describes the mentoring you received during your first year of NP practice?

o I had an assigned formal mentor

o I had more than one informal mentor

o I did not have any assigned or formal mentors

o I did not have a formal mentor, but I did find a mentor on my own.

16. How confident overall did you feel you could find clinical support when you needed it during your first year of practice as an NP?

o Very confident

o Somewhat confident

o Neither confident or unconfident

o Somewhat unconfident

o Very unconfident

17. Upon completion of your **first year** of practice as a NP, how prepared were you in each of the following areas?

Health Assessment

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Pathophysiology

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Pharmacology

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Differential Diagnosis

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Treating transgender population/ LGBTQIAPK population

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Management of acute concerns

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Management of chronic concerns

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Management of mental health concerns

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Management of patients with multiple or complete health concerns

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

18. Upon completion of your **first year** of practice as a NP, how prepared were you in each of the following areas:

Simple office procedures (skin biopsies, joint injections, incision & drainage, etc.)

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Suturing

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

X-Ray interpretation

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

EKG interpretation

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Laboratory interpretation

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Coding and billing

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Collaboration and referral

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

Evidence-based practice

o Unprepared o Minimally prepared o Somewhat prepared o Well prepared o Area not in my training program

END

Thank you for participating in the survey!

Appendix E

Regis IRB Approval

REGIS UNIVERSITY

REGIS.EDU

Institutional Review Board

DATE:	February 11, 2021
TO:	La Tasha Bruner-Hill, MSN
FROM:	Regis University Human Subjects IRB
PROJECT TITLE:	[1641784-1] NP's Perception of Preparedness and Self-Efficacy between Novice NPs that Participated in a Post Graduate Training Program and Those that Did Not
SUBMISSION TYPE:	New Project
ACTION:	DETERMINATION OF EXEMPT STATUS
DECISION DATE:	February 11, 2021
REVIEW CATEGORY:	Exemption category # *(2)*

Thank you for your submission of New Project materials for this project. The Regis University Human Subjects IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations 45.CFR46.101(b).

We will retain a copy of this correspondence within our records.

If you have any questions, please contact the Institutional Review Board at irb@regis.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Regis University Human Subjects IRB's records.

Appendix F

Modified NP Prepardness Survey Consent

Hello NP colleague,

I am a DNP student that would like to study if nurse practitioners that participated in a post-graduate fellowship program report a greater sense of self-efficacy and preparedness to practice as a novice NP than those that did not participate in a post-graduate fellowship program by conducting an online survey that takes less than 20 minutes to complete. Of course, you may stop (withdraw from the study) at any time by not submitting the survey. There is no benefit to you personally for completing the survey, but you may help future NPs feel more confident and ready to practice.

The survey was approved by the Institutional Review Board of Regis University. Participation is voluntary. Be assured all data will be de-identified (no names or other identification will be associated with any answers) and all data will be presented in aggregate form only.

If you have any questions regarding the survey, your rights as a participant, or this research project in general, please contact:

Principle Investigator:
La Tasha M. Bruner-Hill
lbrunerhill@regis.edu
720-266-xxxx C- accepts text messages
Advisor:
Dr. Wimett
lwimett@regis.edu
720-203-xxxx C—accepts text message

Member of the Regis IRB
IRBRegis.edu

By clicking on the hyperlink linked here for you, you are consenting to participate and will be taken anonymously to the survey.

I thank you for considering participation and very much appreciate your time to complete the survey to help us find ways to support the novice NP to transition to a successful advanced practice.

Thank you,

La Tasha M. Bruner-Hill MSHA, MSN, FNP-C, Doctoral Candidate, Regis University

Appendix G

Question 18 Mean Scores

Question: Upon completion of your first year of practice as a NP, how prepared were you in each of the following areas	Participation in Post-graduate Training	Mean
18a. Simple office procedures (skin biopsies, joint injections, incision & drainage, etc.)	Did not participate in Post-graduate training	3.45
	Did participate in a Post-graduate training program	3.09
18b. Suturing	Did not participate in Post-graduate training	2.95
	Did participate in a Post-graduate training	3.27
18c. X-Ray interpretation	Did not participate in Post-graduate training	2.86
	Did participate in a Post-graduate training	3.82
18d. EKG interpretation	Did not participate in Post-graduate training	2.68
	Did participate in a Post-graduate training	3.64
18e. Laboratory interpretation	Did not participate in Post-graduate training	3.64
	Did participate in a Post-graduate training	4.45
18f. Coding and billing	Did not participate in Post-graduate training	2.77
	Did participate in a Post-graduate training	3.27
18g. Collaboration and referral	Did not participate in Post-graduate training	4.14
	Did participate in a Post-graduate training	4.18
18h. Evidence based practice	Did not participate in Post-graduate training	4.36
	Did participate in a Post-graduate training	4.64

Appendix H

Resampled Mean Scores with Equal Participants for Questions 17 and 18

Question: Upon completion of your first year of practice as a NP, how prepared were you in each of the following areas	Participation in Post-graduate Training	Mean
17a. Health Assessment	Did not participate in Post-graduate training	4.70
	Participated in Post-graduate Training	4.64
17b. Pathophysiology	Did not participate in Post-graduate training	4.00
	Participated in Post-graduate Training	3.91
17c. Pharmacology	Did not participate in Post-graduate training	4.18
	Participated in Post-graduate Training	4.45
17d. Differential Diagnosis	Did not participate in Post-graduate training	3.91
	Participated in Post-graduate Training	4.27
17e. Tx LGBTQIAPK	Did not participate in Post-graduate training	3.09
	Participated in Post-graduate Training	3.36
17f. Management of acute conditions	Did not participate in Post-graduate training	4.09
	Participated in Post-graduate Training	4.36
17g. Management of chronic conditions	Did not participate in Post-graduate training	3.91
	Participated in Post-graduate Training	4.36
17h. Management of mental health	Did not participate in Post-graduate training	3.55
	Participated in Post-graduate Training	3.91
17i. Management of multiple/ complex health concerns	Did not participate in Post-graduate training	3.91
	Participated in Post-graduate Training	4.09

Question: Upon completion of your first year of practice as a NP, how prepared were you in each of the following areas	Participation in Post-graduate Training	Mean
18a. Simple office procedures (skin biopsies, joint injections, incision & drainage, etc.)	Did not participate in Post-graduate training	3.82
	Did participate in a Post-graduate training program	3.09
18b. Suturing	Did not participate in Post-graduate training	3.27
	Did participate in a Post-graduate training	3.27
18c. X-Ray interpretation	Did not participate in Post-graduate training	2.73
	Did participate in a Post-graduate training	3.82
18d. EKG interpretation	Did not participate in Post-graduate training	2.55
	Did participate in a Post-graduate training	3.64
18e. Laboratory interpretation	Did not participate in Post-graduate training	3.64
	Did participate in a Post-graduate training	4.45
18f. Coding and billing	Did not participate in Post-graduate training	2.82
	Did participate in a Post-graduate training	3.27
18g. Collaboration and referral	Did not participate in Post-graduate training	4.18
	Did participate in a Post-graduate training	4.18
18h. Evidence based practice	Did not participate in Post-graduate training	4.45
	Did participate in a Post-graduate training	4.64

Appendix I

Logic Model

Inputs	**Outputs**		**Outcomes -- Impact**		
	Activities	*Participation*	*Short*	*Medium*	*Long*
Data on NP fellowship/ residency programs Data on certification bodies for NP programs/ fellowships Data of NP self-efficacy / job satisfaction during 1st year of practice Self- efficacy survey Stakeholders: Recent NP graduates, The National Nurse Practitioner Residency & Fellowship Training Consortium and Practice Transition Accreditation Program (PTAP) AANP, AANC, patients	Research fellowship programs and impact on NP self-efficacy Review self-efficacy scales and surveys Develop Self-efficacy survey or use a validated self-efficacy survey Determine inclusion/ exclusion criteria Contact fellowship programs to distribute survey Post on link for survey online social sites (Facebook, twitter, linked in, etc.)	Recruit NPs to complete the survey	Create awareness of NP fellowship/ residency programs Identify factors affecting NP role transition NP feel	Provide additional training / education for new NPs Provide data to stakeholders on the impact and self-efficacy of NPs who participate in fellowship / residency programs Identify a standardized curriculum and training for post-graduate NP programs Increase retention rate of newly graduate NPs	Value of fellowship is recognized by AANP AANC Post-graduate accredited program become standard after graduation Funding is provided for Post-graduate fellowship programs Future research that demonstrates increased self-efficacy and confidence of NP Preceptors and faculty for NP fellowships

Appendix J

Agency Letters of Support to Complete the Project

March 01, 2021

To Regis University Institutional Review Board (IRB):

I am familiar with La Tasha Bruner-Hill, FNP-C DNP project entitled NP's Perception of Preparedness and Self-Efficacy between Novice NPs that Participated in a Post Graduate Training Program and Those that Did Not. I understand Peak Vista Community Health Center's involvement to be to distribute La Tasha's survey to nurse practitioners working at Peak Vista Community Health Centers. I understand the survey was approved by the Institutional Review Board of Regis University.

I understand that this DNP project will be carried out following sound ethical principles and provides confidentiality of project data, as described in the proposal.

Therefore, as a representative of Peak Vista Community Health Center I agree that La Tasha Bruner-Hill DNP project survey may be distributed via email to NPs in Peak Vista Community Health Centers.

Sincerely,

Lisa Ramey, D.O.
Chief Medical & Dental Officer
Peak Vista Community Health Centers
3205 N. Academy Blvd., Suite 130
Colorado Springs, CO 80917
719-344-6455 office
lisa.ramey@peakvista.org

"To Provide Exceptional Health Care to People Facing Access Barriers Through Clinical Programs and Education"
3205 N Academy Blvd, Ste 130, Colorado Springs, CO 80917 | 719.632.5700 | peakvista.org | facebook.com/peakvista

Tue 2/16/2021 9:37 AM
To:

Bruner-Hill, La Tasha M

Thanks for reaching out, La Tasha.

We will send this to our TCHF and ANEW Rural and Underserved APRN fellows as well as our UHF (behavioral health) Fellows. Hopefully you will get a strong response rate. I look forward to receiving your data following this effort. Good luck!

Be well,

Ingrid

Ingrid Johnson DNP, MPP, RN - Coach CTI
President and CEO
Colorado Center for Nursing Excellence
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COLORADO CENTER FOR NURSING EXCELLENCE
Transforming Healthcare Through Workforce Innovation

McCarney, Linda <Linda.McCarney@childrenscolorado.org>
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To:

Bruner-Hill, La Tasha M

Hi La Tasha,

I did forward your letter with the survey link to all our NNP Fellows who have graduated since 2016.

Hope you get a great response!

Very much looking forward to seeing your results.

Thank you,
Linda

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